



MARCH 2004 Edition - a newsletter for RAMUS Scholars and their mentors.

From the Manager.....

By now with paperwork finished (or almost), lectures and /or placements organised, mentors on board and normality resumed, 2004 is underway well and truly. I am so pleased to welcome the 130 new RAMUS scholars and the new mentors who have joined RAMUS this year.

A quick retrospective of 2003 reveals that RAMUS has probably had its most successful year so far. The Rural Doctor Mentor Program has shown positive results, with mentors for the most part commenting warmly on the progress of their scholars. A number of both scholars and mentors have recognised the positive contribution that the Program is making to the Scheme and to their own ongoing academic and professional development.

The majority of new and continuing scholars have provided their paperwork and are receiving their scholarship payments by now. For those still not receiving their payments please contact us to work through the outstanding requirements.

While the 2003 Evaluation of RAMUS Administration Team provided a huge amount of positive feedback, it also pointed to some shortcomings in our interaction with scholars, such as occasional failure to follow up messages. We will be working to address these in 2004. Please continue to give us your feedback to keep us on our toes!

I am pleased to include in the newsletter a thought-provoking article from RAMUS scholar Tom Forbes. This article looks at different strategies for developing Learning Plans. I know that some scholars have found preparing their Learning Plans a challenge to say the least. I trust you will find Tom's article informative as well as useful. Other suggestions from scholars, such as the inclusion of some scholar reports on the RAMUS website, will be acted upon once the flurry of a new year is completed.

Our best wishes to you all for 2004 for your studies and for your work for the betterment of rural health. carmel

The Australian Journal of Rural Health

All RAMUS scholarship holders receive free online access to the Australian Journal of Rural Health (AJRH). Access to the Journal is available through a link located on the RAMUS page in the members section of the NRHA's website, www.ruralhealth.org.au.

To enter the members' site, go to the left hand side of the home page and sign in. You will need the following details: User ID; Username; and Password. If you do not have this information please contact a staff member at RAMUS.

Once you have logged in, go to Scholarships and click on RAMUS. The Journal link is on the top of the page.

Please call the RAMUS Team on 1800 460 440 if you have any questions.

Have your RAMUS payments commenced?

Please note that all continuing Scholars are required to provide the below listed documentation.

- Scholarship Agreement for 2004
- Database Form for 2004
- Academic Results for 2003
- Enrolment Confirmation for 2004
- Scholar Report for 2003
- Tax Information for the 2002-2003 financial year
- Mentor Report for 2003
- Proof of Rural Health Club Membership for 2004 (due 31/3/04)
- Learning Plan (due 1/6/04)

If you have not provided the above listed documentation your RAMUS payments will not have commenced in 2004. On receipt of the required documentation you payments will be scheduled, along with any owed back payments.

Contact a staff member on 1800 460 440 if you have any queries or concerns with regard to the documentation required, or your payments.

All RAMUS scholars are required to participate in Rural Activities throughout the year.

Some suggested Rural Activities are:

- Promote rural general practice to rural secondary school students.
- Participate in activities that promote the health sector (eg medicine, nursing, oral health, allied health etc) as a career choice to rural secondary school students.
- Participate with the local chapter of a national general practice body.
- Actively participate in a rural health club activities such as excursions, special visits, or by being on the executive.
- Spend time with your mentor engaged in a range of day-to-day activities that will inform your understanding of rural health practice.

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A word from the National Rural Health Alliance

The NRHA is a large network with a small staff in Canberra. Most of the national organisations that are exclusively concerned with health status in rural and remote areas are members of the Alliance. We have 23 Member Bodies, and a Council of 26. We are kept busy by the fact that anything that impacts on the health of country people is potentially of interest to the Alliance. (Strategic planning, as everybody knows, is just the ability to say 'No' to things of lesser importance!)

There are about a dozen of us in the office in Canberra, many part-time. This includes the RAMUS team of Carmel, Helen and Janine who are well-known to many of you. As with other parts of the Alliance's workload, the RAMUS team endeavours to be responsive to all enquiries and to provide a great service to you, its clients.

The RAMUS team is closely integrated with other members of staff and this helps with the interplay between the Alliance's work as national manager of the scheme and its work on policy development. The regular contact we have with medical students and their mentors helps to keep the Alliance closely informed about the realities of life as a medical student and the challenges of being a doctor in rural or remote Australia. This helps with the policy work we do, such as when we produce agreed positions on health workforce issues (eg Medicare, OTDs, rural placements for health undergraduates, etc).

This policy work is the centrepiece of the Alliance's activity as a whole. It also runs the biennial National Rural Health Conference (the next is in Alice Springs in March 2005). It manages the Australian Journal of Rural Health to which RAMUS scholars have on-line access, and it represents the rural and remote voice to a range of enquiries and committees. There is a *friends of the Alliance* organisation for those of you who want a closer relationship with the Alliance.

We value our relationship with all of you and will always welcome feedback. We see our work with RAMUS as providing us with valuable connections and relationships with the rural medical workforce of both the present and the future.

Gordon Gregory
Executive Director

Rural Doctor Mentor Scheme

The Rural Doctor Mentor Scheme is an integral part of RAMUS. The mentoring relationship between scholars and their mentors is designed to strengthen scholar's ties to rural and regional Australia. Rural Doctor Mentor support includes at least quarterly contact instigated by the scholarship holder. The method, timing and duration of contact (eg email, telephone, and at least on face-to-face session each year) between the scholarship holder and the mentor is to be negotiated between the parties.

Dr Kate Davey, Rural Doctor Mentor, comments on RAMUS and her involvement in the Rural Doctor Mentor Scheme through her scholar. "It has been a wonderful experience to watch Debbie grow and develop throughout her course. I believe that she has found the mentor arrangement valuable and I have enjoyed it immensely".

The Department of Health and Ageing

I am pleased to be able to contribute to this RAMUS Newsletter.

As most of you know, the RAMUS Scheme has been designed to reduce the financial barriers that rural students face in taking up undergraduate medical studies, particularly the costs of travelling to and living in the city. The ultimate purpose of the Scheme is to increase the number of doctors in rural areas.

The RAMUS Scheme is just one of a number of initiatives of the Australian Government to increase the supply of medical practitioners to rural and remote areas. Scholarships are available to students in any year of a medical degree. Through this program, scholarship holders' ties to regional and rural Australia are reinforced through a rural mentoring scheme, and by participating in their university's rural health club.

Although the Department of Health and Ageing has the final responsibility for selecting successful RAMUS applicants each year, it is the National Rural Health Alliance (NRHA), who administers the Scheme on behalf of the Department. The NRHA works to maintain a maximum of 500 active scholarship places each year.

The number of new scholarship places available each year is determined by the number of students who complete their studies in the previous year, and any students who may have deferred their studies for a year. This year, we are pleased to advise that 130 new scholarships have been awarded.

I would like to take this opportunity to wish you all the very best for your studies this year.

Katy Balmaks
Director
Undergraduate Initiatives Section
Department of Health and Ageing

Rural Health Club News



Moovin' Health

A great example of student initiative is the recent establishment of Moovin' Health, a new Rural Health Club based at the Rural Clinical School of Melbourne University, by Alana Young and Michael Bulman. The club maintains a strong working relationship with Outlook - the rural, indigenous and international club of the University of Melbourne.

Alana and Michael say in their Co-Presidents report that the club was *"born of necessity due to geographical isolation from Outlook, the rural health club at the Parkville campus, Moovin' Health Australia has forged its own unique identity and ideals. Our vision was and is to create an integral bond with our host communities of Shepparton, Ballarat and Wangaratta. Moovin' Health Australia encourages students to participate in 'grass roots' primary health care on a permanent basis. Through nurturing the pioneering spirit of Rural Clinical School students and building relationships within these towns, we will not only be generating a personal appreciation of the health inequities in rural and remote communities, but will create lasting ties that will eventually lead to improved health services for all Australians"*.



Multidisciplinary Interest in Rural And General health Education

The rural health club for the University of Sydney is MIRAGE (Multi-disciplinary Interest in Rural and General Health Education). There are currently 250 members who represent all disciplines at the University of Sydney that encompass health science degrees. This comprises three campuses: main campus at Camperdown (Medicine, Pharmacy, Dentistry), health sciences campus at Cumberland (allied health) and Mallet Street (Nursing).

In order to effectively increase awareness of rural health and rural practice, there are a number of activities on the MIRAGE calendar each year:

- A Welcome Dinner/AGM as a way to introduce newer members to the objectives of MIRAGE and to advocate better rural health solutions and increased opportunities to undertake rural placements.
- Workshops to address current issues that are important to rural health professionals, for example stress management and suicide.
- Case scenario evenings which are relevant to country situations and which bring students together in a multi-disciplinary team environment.
- Rural high school trips in which students represent their discipline and empower younger students to strive toward rural health careers.
- Cultural workshops in which guest speakers discuss rural and indigenous issues with the goal of bringing down cultural barriers and facilitating the delivery of culturally appropriate and realistic health service delivery.
- Excursions away to rural areas so that students can get a glimpse of the country way of life and recognise that rural careers are worthwhile and challenging.
- Representing MIRAGE/your discipline at the many professional and student conferences held throughout the year.

For more information and membership application, please refer to our website: www.mirage.soc.usyd.edu.au.



RUSTICA, Latin for 'rural', is the Rural Undergraduate Health Club of the Uni of Tassie. In recent years we have had over 400 members from the disciplines of Medicine, Pharmacy, Nursing, Social Work, Psychology, and a small number of members from various other courses. We are active in Hobart, Launceston and the North-West (Burnie).

As Tassie is essentially a large rural community, the club and its members are close. We have a range of activities that we run on a regular basis, (usually something each month), and these range from clinical to purely social type things. As an example, the club has presentation nights on topical areas of interest, eg the Royal Flying Doctor Service, where we invite guest speakers in, and then other clinical skills activities where we get to practice things like suturing, IV cannulation, etc.

As you can see, the club is popular because of the things we do, (not just rural health stuff!) and we have a range of activities that are both social and clinical in nature. Membership is cheap (usually around \$5), and we will be available to sign new members up at any stage; just ask at any of the activities or see us in the office at the Clinical school.

Rustica, Tel / fax : 03 6226 4737

Email rustica@utas.edu.au

www.ruralhealth.utas.edu.au/rustica/activities.asp

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Learning Plans Made Easy

By Tom Forbes

5th Yr MBBS RAMUS Scholar

Monash University

Writing a learning plan is not easy; at least that's what I've found during my past two years as a RAMUS scholarship holder. Coming up with goals, means and milestones is hard enough. Once you've submitted the plan in a last minute effort to secure your beloved government funding you've actually got to go out and fulfil it. Subsequently a pattern of procrastination and disorganisation well acknowledged by many medical students eventually makes this also a last minute effort.

Having learnt from past mistakes, I've put together some tips to help you write a decent and well structured learning plan (whether it be your first or final attempt). I can assure you that this will make fulfilling the requirements you set for yourself much more enjoyable and less of a time-consuming chore.

BEFORE YOU START

- Remember you don't have to submit your plan until mid-year which gives you plenty of time to look at your university schedule for that year, and its rural component. Kill two birds with one stone by working your learning plan commitments in with your university commitments.
- Another good reason for looking at your university schedule is to get an understanding of how much time you will have over the course of the year. By setting milestones away from exams or essay due dates, you will avoid unnecessary stress.
- Talk to your mentor! I didn't do this last year and it was the biggest mistake I made. Writing your plan in one afternoon seems convenient and won't waste your summer holiday beach time *but* your mentor will be able to tell you immediately how realistic your goals and means look and offer invaluable suggestions. This will save you buckets of time and stress during the year.

GOALS

This is the most important part of the plan.

- Don't just use the examples in the far left box. Use them as a starting point and adapt them to what *you* want. For example: instead of 'Further develop my understanding of the challenges and rewards of rural health practice.' put 'Compare the challenges and rewards of rural health practice between GP and hospital settings.' This is more focused.
- Personalise the goals so that they will interest you. Chose an area of medicine that is *highly prevalent in the community* (eg. diabetes or depression, not Marfan's syndrome) and expose yourself to it in a rural setting with an aim to further develop your understanding of its management. In doing this you will be enthusiastic about fulfilling the requirement and be gaining experience (to help you decide whether you follow that career path after graduation) as well as references to help in your application for a registrar training position.
- Don't make them too specific. Unless you can walk into the objective prepared to let it take you where you want it to, you'll feel trapped and may lose interest. For example: 'Gain a greater understanding of psychosocial implications of chronic illness in a farm setting.' not 'Investigate the attitudes towards heart-friendly diets on rural farmers.'
- Whilst in the pre-clinical years of your degree, aim to keep your goals related to experiencing the lifestyle and working conditions of a rural GP or hospital physician. Once you're doing clinical placements (and have a broader knowledge base) you can then think about looking specifically at the provision of different services and exploring rural health careers and issues such as ease of access.

MEANS

- This is the best piece of advice I can give you. **STAY IN CONTROL.** Don't rely on other people's activities or availabilities to achieve your goals. If you've included a goal such as 'Promote rural medical and health science careers to rural secondary school students.' then *you have to organise* with the school to go and present a forum on that topic. Don't wait for the school to contact you or for the university to hold that event they held last year because if they choose not to do that this year (and they have), you'll end up stranded with no means of achieving what you've set out to.
- Ask the rural club at University, fellow students and university rural health staff if they know of good places to go or good friendly doctors to be placed with.

MILESTONES

- Good milestones are things you can put to paper, like little projects. For example: after the last of your general practice placements write a list of the pros and cons and make the list your milestone rather than your placement itself.

ACQUITTAL

- Crucial to your acquittal is that you stagger the acquittal of the three goals over the course of your year. A good plan is to finish goal one in April, goal two in June and goal three in December. Less stress!
- Aim to finish early. Leaving something to the last minute will get you into trouble if your plans fall through. Give yourself time to make other arrangements if this happens.

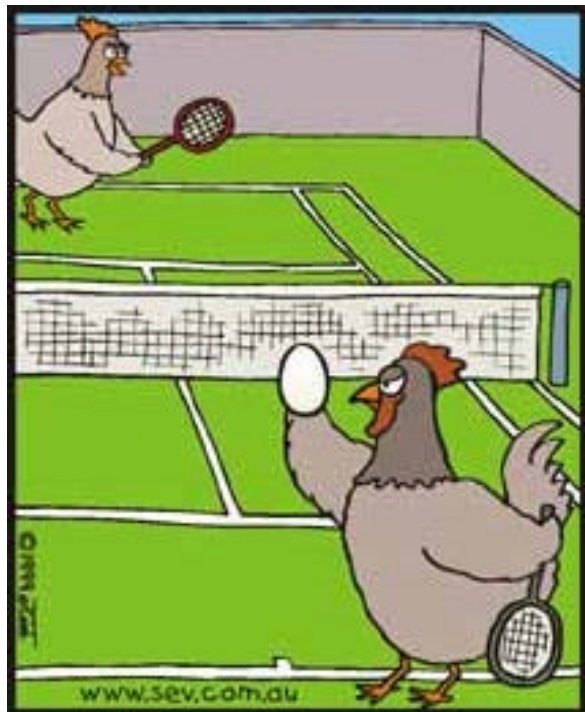
Hopefully these tips will help you prepare a year that will really inspire you, because as cheesy as it sounds, it does happen. Don't think of the learning plan as a chore and the NRHA as your mother, but view the scholarship and the activities you set out in your learning plan as a platform for you to explore the field of rural medicine and a chance to really find out about where you want to take your degree.

It's never too early in your medical career to entertain future career prospects and with the money RAMUS provides, you've got little excuse not to try out rural practice.

Good Luck and have fun!

Tom Forbes

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"Don't you think Junior is a little young for sports?"

Some Useful Information

National Rural Health Alliance 'Mission Statement'

The National Rural Health Alliance is the peak non-government organisation working to improve the health of people throughout rural and remote Australia. The aims of the Alliance are to:

- strengthen collaboration between and among rural and remote communities, service providers, policy makers, researchers, non-government agencies, Member Bodies and other stakeholders;
- develop agreed views among its Member Bodies about rural and remote health issues and to make these views known to local, State/Territory and Federal governments, and to other interested bodies;
- identify priorities for change in rural and remote health policies and programs, and to work to have these changes adopted;
- work closely with other bodies with similar objectives; and undertake whatever other activities are supported by its Member Bodies, and endorsed by its Council, which will improve health outcomes of people in rural and remote Australia

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